

# SAFE STATION:

A Systematic  
Evaluation of a Novel  
Community-based  
Model to Tackle the  
Opioid Crisis

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# SUMMARY OF FINDINGS

SEPTEMBER 2018

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## SAFE STATION

In May 2016, the Fire Department in Manchester, NH, launched a new program called Safe Station. This community-based program, accessible via the Fire Department, includes partners at local hospitals, transport services, a regional access service, and substance use disorder care. Safe Station is characterized as a “connection to recovery” – with a focus on reducing barriers to accessing resources and providing a safe community for people with substance use and related problems. Any individual seeking help with a substance use problem can walk into one of the 10 Manchester fire stations at any time of day or night to seek assistance.

## STUDY OVERVIEW

In September 2017, the National Institute on Drug Abuse (NIDA) funded the Center for Technology and Behavioral Health (CTBH) at Dartmouth College to study the Safe Station program in Manchester, NH to identify the program’s key ingredients from multiple perspectives, and to characterize the workflow and partnerships that support the program. This document is a high-level overview of study findings intended for Manchester community partners. A detailed, peer-reviewed scientific publication from this study will be forthcoming.

### Research Aims

To systematically evaluate:

1. how the Safe Station system functions (e.g., how it was initiated, how it has evolved, and how it is being sustained)
2. the impact of the system (e.g., to identify the active ingredients of the model that are engaging, effective, replicable, and sustainable).

## STUDY METHODS AND PARTICIPANTS

Seven research team members from Dartmouth College conducted semi-structured onsite observations of the flow of Safe Station entries at the Manchester Fire Department (MFD) from September 2017 to April 2018. Additionally, 29 MFD firefighters and leaders, 49 individuals seeking help at Safe Station, six local emergency department staff, four local ambulance staff from American Medical Response (AMR), and six staff of Serenity Place (addiction treatment provider) were interviewed and/or surveyed as part of the research study. They were asked questions about their experiences with Safe Station and their perspectives on the extent to which the program may be sustainable and replicable.

Researchers collected information about Safe Station using the Consolidated Framework for Implementation Research (CFIR) as an organizing framework to characterize and evaluate the key components and the impact of the Safe Station model. This approach targeted the key CFIR domains: program characteristics (e.g., of the model of care), organization characteristics (e.g., climate, readiness), individual characteristics (e.g., staff and consumer attitudes and experiences), external influences (e.g., socio-political characteristics, state policy/regulation and funding models), and the overall implementation model.

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### Staff and Leadership of Manchester Fire Department

Twenty-nine firefighters and leadership staff at the MFD participated in the study. Their demographic data were combined to protect their confidentiality.



#### **MFD Staff were mostly:**

**Male (100%) White (96.6%) Not Hispanic/Latino (96.6%)**

**Well educated (75.9% had at least an Associate's degree)**

#### **And had, on average:**

**248.6 months in the field**

**227.1 months at MFD**

**Responded to 218 overdoses**

### Safe Station Clients

As part of this study, the research team interviewed and surveyed 49 people who had previously used the Safe Station program as an access to treatment. These data represent a sampling of Safe Station clients and may not be representative of everyone who has entered Safe Station.

#### **Safe Station Clients were mostly:**

**Male (65.3%)**

**White (87.5%)**

**Not Hispanic/Latino (84.4%)**

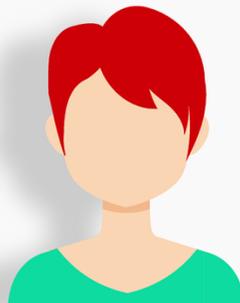
**Educated (77.6% had at least High School diploma/GED)**

**Never married (61.2%)**

**Renting home (42.9%)**

**Low income (83.7% made less than \$25,000 per year)**

**Living in Manchester during reported Safe Station use (79.6%)**



Most people (75%) who participated in the study reported that problems with a single drug brought them to Safe Station; a little over half said that opioids were the primary type of drug motivating them to seek help through Safe Station.

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### Local Emergency, American Medical Response, and Serenity Place Staff

Six emergency department (ED) staff were interviewed from two local hospitals (Catholic Medical Center and Elliot Health Systems); six staff members of Serenity Place (SP) completed interviews; and four ambulance staff from American Medical Response (AMR) completed interviews and surveys.

#### ED/AMR/SP staff were mostly:

Evenly split on gender (50%)

White (100%)

Not Hispanic/Latino (100%)

Average number of months in their field:

ED – 264      SP – 52      AMR – 255

Average overdoses responded to:

ED – 588      SP – 6      AMR – 83



## RESULTS: HOW THE SAFE STATION SYSTEM FUNCTIONS

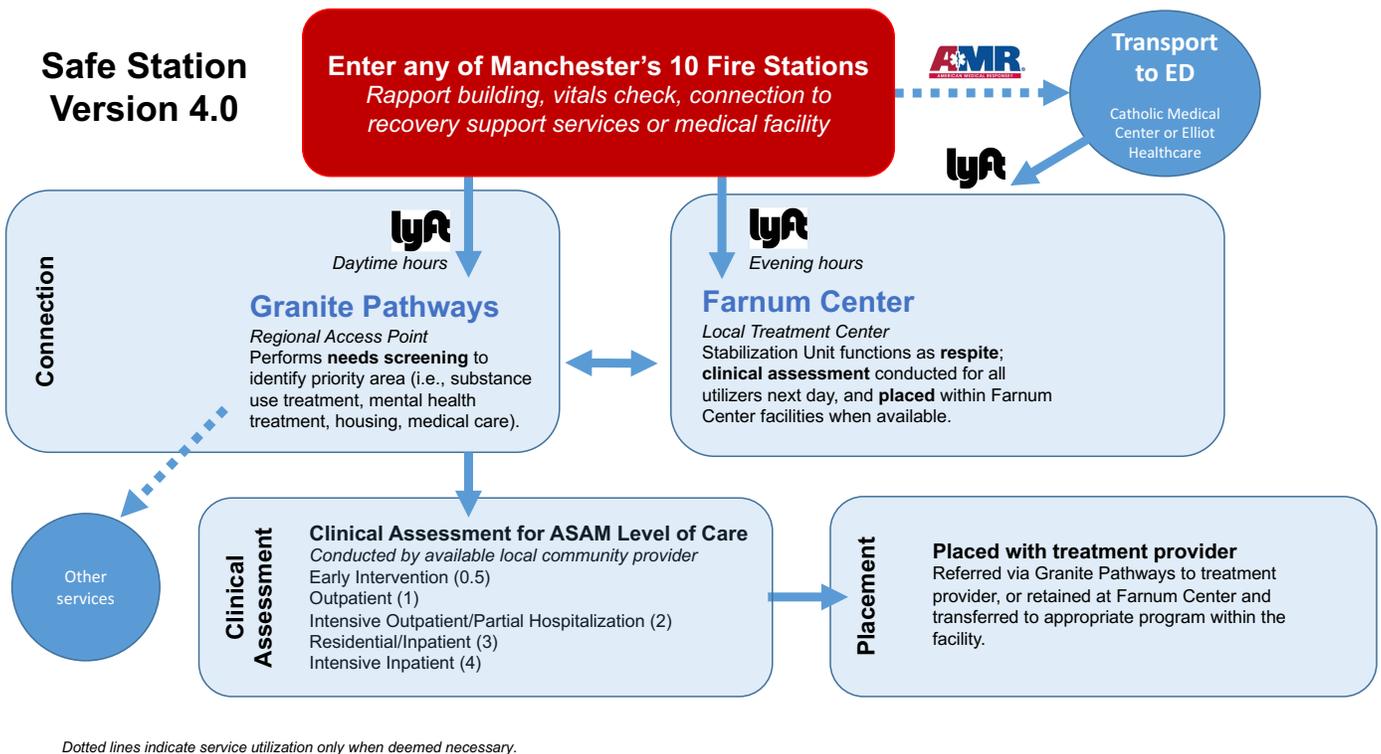
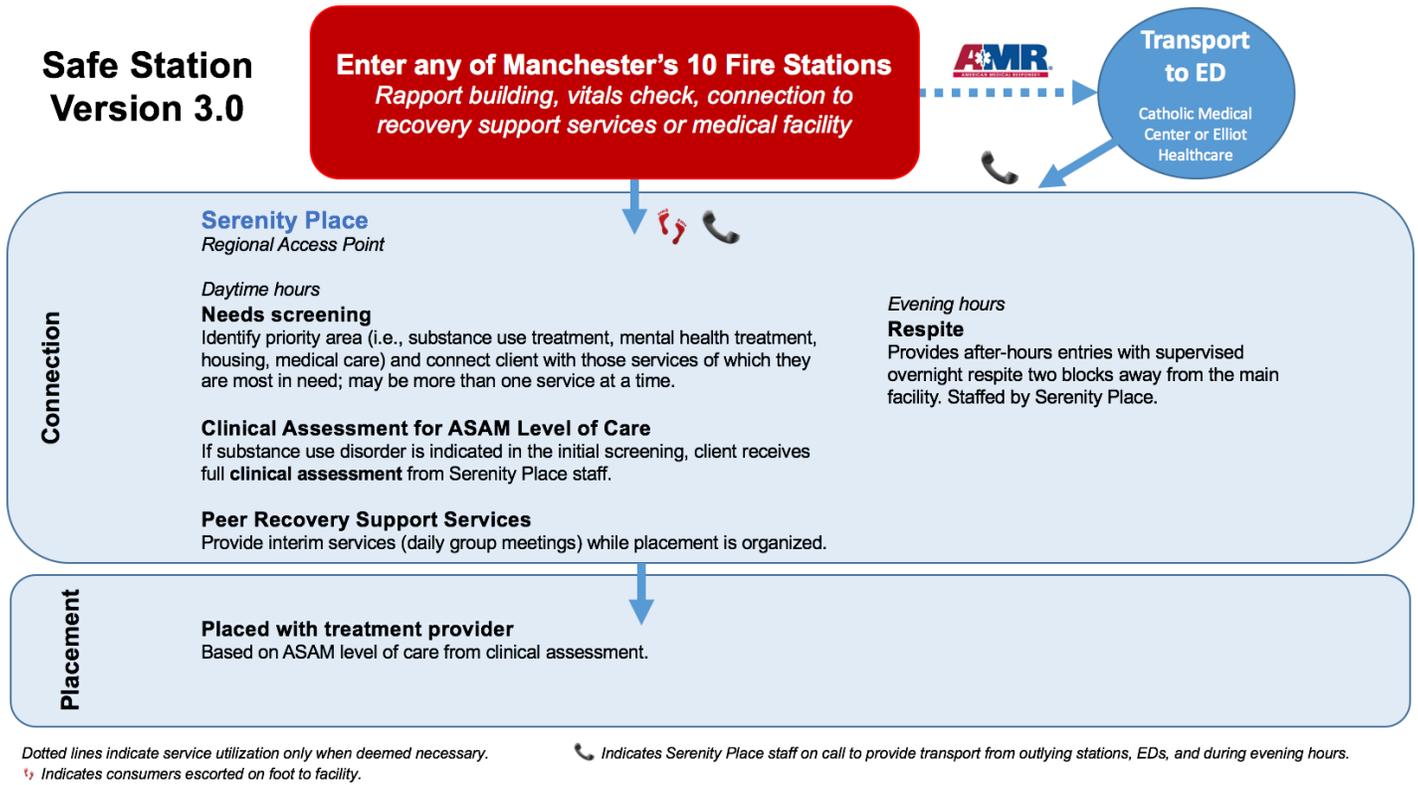
*Aim 1. To systematically evaluate how the Safe Station system functions (e.g., how it was initiated, how it has evolved, and how it is being sustained).*

The Safe Station program was initiated in May 2016 due to a heightened awareness of the needs of people with substance use issues in Manchester, NH. This awareness continues to motivate ongoing efforts to improve coordination among community partnerships to serve the community. Leaders of MFD who were interviewed stressed that the program would not exist without its community partners. It was generally agreed upon by MFD and AMR staff, and acknowledged by program leaders, that MFD was not well-prepared for the start of the Safe Station program, that it was ‘rolled out overnight’. MFD, AMR, ED, and Serenity Place staff who were interviewed indicated that, at its foundation, Safe Station is believed to be compatible with the emergency responder culture and values of saving lives and helping those in need.

In December 2017 (in the midst of this study), the program’s addiction treatment partner, Serenity Place, closed. The study team was able to observe the evolution to a new model (referred to locally as Safe Station 4.0) and had the opportunity to observe 19 Safe Station entries in total. Version 4.0 was deemed an improvement by multiple stakeholders. Clients believed it was ‘**quicker**,’ MFD and AMR staff said it was ‘**a lot better**’ because of the stability, experience and medical staff at new treatment partners, as well as the rapid arrival of Lyft. ED staff reported better screening of patients and provision of treatment and referral options for patients and providers, respectively. The figures below represent the workflow as observed by the study team, and as described by all participants during their research interview.

# SUMMARY OF FINDINGS

Figure 1. Safe Station Flow



## SUMMARY OF FINDINGS

Safe Station is believed to be sustainable in Manchester. Some recommendations were made towards improving the sustainability of the program. Staff indicated a desire for additional training on how to work with people with substance use problems. And, staff indicated an interest in more detailed communication/updates about the program to help them feel as though the work they are doing makes a difference in the lives of people who use the program. The sustainability of substance use disorder treatment partners who can accept clients from the Safe Station program was a concern, as many expressed that substance use treatment capacity is needed to help keep the program running.

## RESULTS: THE IMPACT OF THE SYSTEM

*Aim 2. To systematically evaluate the impact of the system (e.g., to identify the active ingredients of the model that are engaging, effective, replicable, and sustainable).*

The key ingredients of the Safe Station program were identified as:

1. **the immediacy of help (24/7 availability is essential)**
2. **low-threshold access (e.g., no waiting lists, within walking distance in many instances)**
3. **free service for consumer use (essential for uninsured)**
4. **central access point for help accessing services**
5. **firefighters' respectful and non-judgmental attitudes toward clients**

For Safe Station clients, the program was engaging (no waiting lists, it didn't cost them anything, access to a fire station was within walking distance), and effective (they could get help immediately, they felt safe and that their privacy was protected, and they got help getting into a treatment facility in the moment they wanted it). In addition, clients stated that firefighters' compassion made them feel comfortable and safe. ***"From early childhood, we were raised to trust firemen. They're not doctors, so they're not going to look at you like you have some medical issue. They're not cops, so they're not going to look at you like you're committing a crime. They save people for a living. So going there was comfortable."***

When they were asked what did not work well, the overwhelming majority of clients had nothing negative to say. A few people expressed shame of being known by community members (e.g., firefighters) *'for my lifestyle,'* or having problems with the lack of privacy in the bay.

While Safe Station has increased the volume of calls and workload of MFD and AMR staff, **MFD firefighters said that it was their job to save lives, and that they 'adapt and overcome' any obstacle to see it through;** AMR staff seconded this saying, ***'My role is to help people. It's part of helping, no matter what you call for. We're there to do what we got to do.'***

Safe Station was believed to be potentially replicable by MFD staff and leadership, and AMR, ED and Serenity Place staff, given the following stipulations:

- **Proper planning prior to implementation**
- **Strong relationships and communication with community partners**
- **Staff dedicated to providing the Safe Station service**
- **Adequate funding**
- **Accessible treatment resources**

## SUMMARY OF FINDINGS

Replicating the program in communities that have volunteer fire departments without 24/7 staffing, or in smaller departments with only one company, was anticipated to be a challenge under the current model.

### CONCLUSION

The MFD's Safe Station program is a prime example of a novel community-based response to the opioid crisis in NH. Overall, the findings of this study underscore that Safe Station is viewed as a highly useful resource in the community.

The key program characteristics emphasized by stakeholders include: 1) the immediacy of help (24/7 availability), 2) low-threshold access (e.g., no waiting lists, within walking distance in many instances), 3) free service for consumer use (essential for uninsured), 4) central access point for help in accessing services, 5) firefighters' respectful and non-judgmental attitudes toward clients; and 6) the element of safety inherent to the program (e.g., no fear of judgment or arrest, medical attention, free from stress of being on the street). There was strong agreement across stakeholders that Safe Station is among the most helpful resources in the Manchester, NH community. Despite concerns regarding a lack of readiness for the program's start as well as a lack of understanding regarding program goals at the time of its launch, MFD staff who deliver the service generally perceived it as being compatible with both the culture of the fire department and the values of helping those in need and saving lives. The community partnerships, including support from city officials, ambulance companies, hospitals, transitional living, and substance use disorder treatment providers are key to the functioning and impact of Safe Station. Furthermore, stakeholders believe that Safe Station is replicable given the following stipulations: proper planning prior to implementation, strong relationships and communication with community partners, firefighters dedicated to providing the Safe Station service, adequate funding, and accessible treatment resources.

This study revealed multiple areas to address – e.g., staffing, improvements in program outcome data sharing, inter-organizational training on both Safe Station procedures and addiction. However, the overwhelming message communicated by the voices of stakeholders is that the Safe Station program is a welcome and effective response to the prolific opioid crisis in Manchester, NH.

**Northeast Node of the Clinical Trials Network**  
**Dartmouth College**  
Northeast.Node.CTN@Dartmouth.edu  
www.ctnnortheastnode.org

**Center for Technology and Behavioral Health**  
**Dartmouth College**  
www.c4tbh.org